STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS
(RSA Chapter 15)

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NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) ROSEMAN M. Heard	DEPARTMENT
11. Name of lobbyist's partnership, firm or corporation, if any:	
Concord Area Trust for Community (Name of partnership, firm or corporation)	Housing (CATCH
105 LOUCION Rd W1+1 CONCORD NH C Business Address: (Street) (Town/City) (State)) 330 (Zip Code)
(1003) <u>225-8835</u> (1003) <u>225-804</u> e-mail VNE	ard@ (atchhous
III. This statement covers: (Choose one – file separate reports for each client, OR you reportable expense transactions which are not attributable to any one client).	may file a separate report for
All reportable transactions occurring in the months prior to the reporting date relative to	the following client:
Concord Area Trust for Community (Full Name of Client as it appears on the Lobbyist Registration Form)	,
OR ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbyist unrelated to any particular client.	ing firm listed below which are
IV. Date of Report April 26, 2017 ☐ July 26, 2017 ☐ April 26, 2017 ☐ July 26, 2017 ☐ Activity from date of registration to 3/31/17 activity from 4/1/17 to 6/30/ October 25, 2017 ☐ January 24, 2018 ☐ activity from 7/1/17 to 9/30/17 activity from 10/1/17 to 12/2]
V. There have been no fees received and no reportable transactions made since If this box is checked, complete just this form and submit it to the Secretary of State's Office Concord, NH 03301.	e the last report. State House, Room 204
VI. Check if additional reports are attached:	
☐ If you have received fees or made expenditures, you must file Addendum A—Fees and	·
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B—I Expense Reimbursement	Report of Honorariums or
☐ If you, your firm, or your family has made political contributions, you must file Adden	dum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist Thave lead RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the and complete to the best of my knowledge and belief.	e foregoing information is true
(Signature of lobbyist) 10 25 2	2-017 Date)
ROSEMANY M. Heard (Print Name of lobbyist)	